Public Health
Seattle & King County

# 2013

**Plan Review Application for a**

# Mobile Food Service Unit

**Operation Information** (**Please Print**) ❖*Service Request*

Operation Name (Doing Business As):_____
Mobile Unit Operating Location: □ Single Site □ Multiple Sites/Route (Include all locations with plan submittal.)
Single Site Address: _____City:_____Zip:_____
Scope (Briefly describe operation/menu style):_____
**Former Name:** _____ **Unit Type**: □ Cart □ Vehicle □ Trailer □ Movable Building
**Required Information**: **WA License Plate #** _____ **VIN #** _____ **WA L & I Sticker #**_____

❖*Plan Check N.O.S. # 2*

**Plan Review Submittal Fee (Make checks payable to: "SKCDPH")**

□ New Operation ($804 + $201/hr after 4 hours) (S602) □ Mobile changes ($402 + $201/hr after 2 hours) (S611)
□ Resubmitted Plan ($201/hr) (S605) □ Cost of Service ($201/hr) (H009)

**Ownership Information** ❖*Requestor*

**Are you the new owner? Yes □ No □**
Name(s):First_____M.I._____Last_____
Business Name (Corp, LLC, etc):_____
Mailing Address: _____City:_____State:_____Zip:_____
Phone No.'s_____
Fax (Optional): Email (Optional):

**Applicant Information** (If different from owner) ❖*Plan Check*

Contact Person (Applicant or Agent) Name(s):
First_____M.I._____Last_____
Business Name (Corp, LLC, etc):_____
Mailing Address: _____City:_____State:_____Zip:_____
Phone No.'s_____
Fax (Optional): Email (Optional):

**Commissary Information (Separate Commissary Permit is required for all mobiles.)** ❖*Property Information*

Business Name: _____
Location/Address**:** _____City:_____State:_____Zip:_____
Commissary Owner/Contact Person: _____ Phone No.:_____ Fax (Optional): Email (Optional):
Sewage: □ Sewer □ Septic System

**Restroom Information** (Must provide restroom availability letter for each stop that lasts longer than 1 hour)

❖*SR Info Add Comment Sec.*

Business Name: _____
Location/Address: _____City:_____State:_____Zip:_____
Business Owner/Contact Person: _____ Phone No.: _____
Fax (Optional): Email (Optional): Sewage: □ Sewer □ Septic System

**❖Office Use Only**

Date Submitted: _____ Risk Classification: _____ Service Request SR#: _____
Facility Account FA#:_____ Account Receivable AR#:_____ Invoice IN#:_____
Variance SR#:_____ Permit Record PR#: _____ DPD/DDES #: _____
Approval Date: _____Review Time: _____ Reviewer: _____ Mobile Sticker #_____
Notes:_____

**PLAN REVIEW APPLICATION SUBMITTAL**

**DISTRICT HEALTH CENTERS**

**DOWNTOWN**
401 5th Ave, 11th Floor
Seattle, WA 98104
206-263-9566

**EASTGATE**
14350 S.E. Eastgate Way
Bellevue, WA 98007
206-296-9791